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Assignee Name and Address: Vepse Technology Co., L.L.C. 2711 Centerville Road, Suite 400 Wilmington, DE 19808						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	14-1	arm	Da		7-20	28
Name	Jeff Kern	Telephone Person for Vepse Technology Co., L.L.C.				
Title	Authorized Person for Ve	pse rechno	iogy Co., L.L.	U.		

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